



**Presidential Commission**  
*for the Study of Bioethical Issues*

## **TRANSCRIPT**

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## **Roundtable Discussion**

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## SESSION 5: ROUNDTABLE DISCUSSION

DR. GUTMANN: Terrific. Thank you all for rejoining us. I want you to think about -- but I'm going to start with Nelson's question -- I want you each to give us one piece of advice. And I mean, really, one. Don't make the one I have -- my one piece of advice is, I have ten pieces of advice. One thing that you would like to see addressed in our report having to do with what we could recommend to encourage or enable our society to improve the quality of deliberation or -- and/or education around issues of health science, bioethical issues.

So think about that. Just one -- just to get a sense of what you think, as a commission -- how we could make the biggest mark, have the biggest impact on something that we recommended. So keep that in mind. But before you answer that, Nelson, you have the floor.

DR. MICHAEL: So I have a quick question for John. During your presentation, you were describing group design. You finished off with the importance of having face to face, that the participants would be attentive and engaged, and you said that deliberation is boring to watch. Now, I'm thinking about that from the context of someone who loves to watch American football, but I would last three seconds on the field. And I would go on --

DR. GASTIL: That's impressive.

DR. MICHAEL: -- for those three seconds. I would love to know --

DR. GASTIL: I can run pretty fast. Okay? And get three seconds worth of distance,

DR. MICHAEL: Then I would be a dead man. Fair enough.

DR. GASTIL: It's what you can maintain. Okay.

DR. MICHAEL: And I watch my 20-year-old son go to conventions where thousands and thousands of people gather in Seattle to watch some other Jedi knights play a game called Dota II. I mean, it sort of goes on like that. My 17-year-old sitting next to her boyfriend texts him about something. So I mean, is it really true that it really is boring to watch deliberation? I mean, do you really feel that, intrinsically, it's boring? Or do you think -- because if it's true, then it means that the ability to participate in that is going to be limited to relatively small groups.

DR. GASTIL: No, not so. And for a couple of reasons. One is: deliberative processes can exist at many scales and at many levels. And the Oregon CIR, which -- I should note that it's addressed bioethical issues several times. GMO related things three times, plus medical marijuana. It just keeps coming. The initiative process. It's here to stay. But the public in Oregon, in that case -- they made the video available online, I think, from the first CIR. How many people watched it? I'm sure the number was less than 10, but I can't give you an exact one. But how many people read the statement? Tons. That was their place for engagement. That was the level, degree, the time and place to engage. The video game example you give, it's actually an engaging process. It's happening live. They're there together. And yeah, people watch at home alone, but they'll be texting. There's a way of being engaged.

And the 21st Century town meeting and these other large scale deliberative processes find ways of kind of getting people even in small groups to be connected to large things. It's just -- it's a creative question. How do you find a way to get someone engaged? I start with the presumption of, there's a reason that we have never had -- at least in this country -- a program on television that had a large viewership that was really just watching deliberation.

Yes, there have been a couple successful debate shows from, like, the 60's. Where did they go? But to really just watch a group sit there and deliberate -- and PBS tried with the National Issues Convention and so on. I do not believe it got great ratings. So that's my data, so to speak.

DR. GUTMANN: I will read a statement, not a question, that we got from Cecilia Mora, who is the chairperson of the ULPIRS. I don't know what that stands for, but --

DR. GRADY: University of Liberia.

DR. GUTMANN: University of Liberia. And from -- oh, from Liberia. A very good session that was educational and a mind opener. So thank you, Cecilia, and thank you for joining us from Liberia. That's really -- we welcome you. We welcome you here. Let -- Cecilia, are you here? Oh, she's gone. She was at the last session. Really good. Okay. That was -- gave our panelists some time, and we'll begin with Seth. Okay, what I -- the one thing, make sure that mic is on and you speak into it.

MR. MNOOKIN: Sorry.

DR. GUTMANN: Thanks. Because we are video taped -- we're live -- we're live webcast, actually.

MR. MNOOKIN: All right. I said I was so hoping you would start at the other end. I'm not sure if -- I'm not going to offer more than one piece of information. I'm not sure if it's a concise recommendation. But what -- one thing that I think is interesting and important is that, for many people, the person most involved in the scientific process that they have interaction with is a health care worker.

And one thing that has been found consistently in vaccines is that an honest, frank discussion with a health care worker, especially when the health care worker can draw on personal experience, is one of the most effective tools for convincing people of the

benefits of vaccines. So since we're not about to have geneticists and chemists and physicists go out en masse in the community and engage people one on one, I wonder if there is some way to take advantage of the fact that there is a very, very good ratio of citizens to interactions with people who have a lot of scientific and medical training.

DR. DANIS: I would say that the thing that has been most apparent to me in efforts to promote public deliberation is the need to have leadership take up the public -- pay attention to the views of the public after their deliberation has occurred. And I would encourage finding ways to get governmental and organizational leaders to be more respectful of the efforts that people have put in. And not just listen to people after -- when they are trying to get elected.

DR. GUTMANN: So journalists can help a lot in that finding ways of get -- making public what -- we have found that having some of our recommendations webcast, broadcast, propagated by people whose profession is communication is very helpful to mobilizing public officials, and I don't mean only elected public officials, appointed public officials, to act. So that's a -- and we are very sensitive to the fact that we're here, we have been appointed to make a difference. And when appropriate, in public policy. Good. Lisa?

DR. LEE: Thanks.

DR. GUTMANN: Yeah, I love putting Lisa on the -- right.

DR. LEE: An odd position, but thanks. I guess I would say --

DR. GUTMANN: Lisa thought her job was hard until this session, where she realizes --

DR. LEE: I know now, what I'm asking people to do.

DR. GUTMANN: Right, right.

DR. LEE: Public advice. But I would say, fundamentally, recommending to start early

to raise ethical literacy, start before we self-select into what we're ultimately going to be when we grow up. All of us need skills to help us resolve ethical issues, whether we are a plumber or a physician or a scientist or whether we become a surrogate decision maker, which many of us will become. So start early.

DR. GUTMANN: And if you just look at health care -- and I think health care is a very good area for us to focus on. Because all of the things we have reported on -- and including just basic scientific research, funnel into, ultimately, health care. If you look at health care -- and I can't put -- I can't overemphasize this. It is even more important for an ordinary citizen to know about the ethics of medical decision making, the ethics of medical research, ethics of clinical -- than it is for -- it's at least as important, let's just say, as it is for the experts.

Because everybody is affected by it. We all have to make decisions in our own lives. We have to think about making decisions in the lives of people we love. We're called on to give advice to friends. And so the thing is that bioethics is not just or even primarily for the experts.

DR. LEE: Absolutely.

DR. GUTMANN: And if that is taken to heart in education, our education will serve individuals and institutions better. Because it will make our public officials more accountable to an educated public, but it will also serve us in our individual lives better. So good. Good. Carol?

DR. RIPPLE: Great segue, thank you. So I'm really struck by the opportunity that the commission has to pull across all of the great presentations that we've heard today. And I am impelled to think about one of the questions that you asked, and that Nita asked. What are those larger areas that you can really help move along, in terms of assessment,

that help pull all of this together? Because evaluation is a wonderful tool for making sense of things, both in looking at the data, but also making us think about, how can we think better about what we're doing, more coherently about what we're doing? So I would encourage this idea of really identifying what the core competencies are through education and through deliberation.

That you're really looking to develop among which particular audience and which particular purpose. I think those contextual factors are really important, and I'm just so captivated by this developmental framework that we've been talking about.

So age is important, but also then framing this idea of, to what end? We've heard about the generalized awareness, the preparing to take care of our elders and speak for them, up to being the next leader in the field of bioethics. So really framing out what the criteria are, but also what our benchmarks are. What we're really striving to do.

DR. GUTMANN: Terrific. Terrific. Ray?

DR. DE VRIES: This is going to sound self-interested, but it's really disciplinarily interested. I think it's important, going back to the little exchange we had, Amy, that commissions like this include a sociological perspective on the work of the commission.

DR. GUTMANN: Mm-hmm.

DR. DE VRIES: Getting that kind of historically and socially situated view. Let me just give you two examples from today. First, we're talking about master's programs in bioethics. I've long been a bioethics watcher. I started watching bioethics as a sociologist in the early 90's. And those early days, when I talk to people in bioethics programs, I said, would you ever support master's or PhD-level education in bioethics? No. Bioethics should stay an interdisciplinary endeavor. There shouldn't be master's programs. To a person, all of those people who said I would never do that now have

master's programs.

And you might -- as a social scientist, you might say, what are the structural conditions that created that need? And bioethics programs have a hard time funding themselves.

And master's programs -- it's not the whole answers, but master's programs are a source of funding for bioethics programs. Which is a good thing. And the education they do is a good thing.

But you have to recognize that -- this is where I think a sociological point of view is important. Secondly that -- the empirical thing that we bring. Earlier, Raju said scientists want to do things and bioethicists are seen as people who always say no. But it made me think of Dan Callahan, who said a couple of times, what happened to the Paul Ramseys who used to say no?

Now, bioethics basically always says yes. Now, they make it complicated by an IRB process, but in the end, according to Callahan, it's mostly yes answers. And we can look at that empirically, which is another value that social science brings to this work. So I -- my recommendation is just finding kind of the structural, social, historical situation that explains where we are. Because I think that helps us do what we want to do better, if we understand what are the motivations in society that are pushing us to this?

So that would be, again, a little self-interested, but really more sociologically interested.

DR. GUTMANN: Mm-hmm. John?

DR. GASTIL: My number one thing would be focus. You are swimming in ideas.

Really, projects that are underway, that are promising, they're exciting, that get to the core idea of what you're doing. But I -- and you can sort of fit those into a strategic plan that's a few pages long.

But I think you have to choose. And I think your examples from the beginning of where



you've had an impact were actually very specific, targeted things. I think you're still in that situation. And I can't imagine how great the temptation is to pull on all these different things, to go to all these different places. Because they're all so important and exciting.

Don't do that. That's my advice. Is prioritize.

DR. GUTMANN: So if we take communication seriously, every good communications expert will tell you, and every good political chief of staff will tell you that if you want to have an impact in what you say in any single report, if this report is not going to be a scholarly tome, the impact -- if you say twelve things, you've said nothing. And if you say three things and say them three times in different ways, so that everybody who reads it can understand it, you will have an impact. I mean, if they're worth saying.

I mean, we're not -- and you're saying we're not -- we have an embarrassment of riches of what to say, so we had better focus on what we want to say. And I take -- that's a point well-made. Which is why I've asked all of you to make one point. Because I know we're not going to be able to make all these points. But at least we get what you think is important, and we can sort through that. And some of them will overlap. Some of them are less recommendations than a way of approaching, as you have done. Robert?

DR. LADENSON: Kind of a follow-up. I think a corollary to John's advisory comment. Listening to the discussion today, I would say that the Commission's focus has essentially had two prongs. One is education, education for deliberation, and good ethical reasoning about bioethics. And the other is institutional innovations to increase the importance of deliberation.

DR. GUTMANN: Mm-hmm.

DR. LADENSON: And I don't think that the point I'm about to make has been ignored,

but I would emphasize always keeping it in the foreground. And that is that I think it's going to be very important in pursuing both of these never to lose sight of the other. So in thinking about education for deliberation, there's always a question of, well, to what end?

What are people going to do with this? Which introduces the topic of institutional innovations. Education for deliberation isn't to help people do something better which they can then immediately set off to do, but it's going to require -- it's transformative. I mean, there's going to have to be institutional change. And vice versa, institutional innovations require presupposed educational preparation, or competencies.

DR. GUTMANN: Mm-hmm.

DR. LADENSON: As Carol said. So I would just advise, in thinking about one, always keep the other one in mind.

DR. GUTMANN: Great. Great. Roland.

SIR JACKSON: Well, I've got to make a rather presumptuous statement as a Brit commenting on what is probably properly seen as the internal matters of the United States of America. But I'll use it to make a wider point. And that's just to comment on the recent setting up by the National Academy of Sciences and the National Academy of Medicine of an advisory group to look at human gene editing.

And it comes back to this point of institutional innovations. That group contains, I think, 13 bioscientists, medics, geneticists, 1 professor of law and bioethics.

DR. GUTMANN: Right.

SIR JACKSON: And it seems to me, if you're trying to encourage deliberative process among the people who have the power and the influence that matter, you need a wider group than that to deliberate, in that context as well as in any other. So --

DR. GUTMANN: That's a good case -- a very crisp, if I may say so, case study.

SIR JACKSON: So I make the case study to make that wider point.

DR. GUTMANN: And maybe the R stands for ERR. That's really an interesting and keen observation. Thank you. Florence.

MS. EVANS: Okay. I don't have this wonderful expertise each of you has, so I will just speak about the deliberative poll process. Okay, I think as a participant, any participant in it, it would be helpful if they knew what the purpose was of what they're meeting about.

DR. GUTMANN: It's really interesting. I mean, we -- it's a very interesting observation.

MS. EVANS: We were given the --

DR. GUTMANN: Yep.

MS. EVANS: -- sheet of information --

DR. GUTMANN: Yep.

MS. EVANS: -- to read, so we're prepared to have --

DR. GUTMANN: Right.

MS. EVANS: -- deliberations. But I didn't know to what end.

DR. GUTMANN: So -- right. So there we go. To what end? And it was opaque to the participants.

MS. EVANS: Mm-hmm. We were just told at the end to become a little more aware --

DR. GUTMANN: Yep.

MS. EVANS: -- and involved. But it wasn't until time continued to pass. It's been four years. That I saw, oh, that's what they're doing. Different of the California Forward group, and maybe another think tank, would support initiatives to the ballot.

DR. GUTMANN: Mm-hmm.

MS. EVANS: So they've done that a couple of times, now. Oh, that must be what --

DR. GUTMANN: Yep.

MS. EVANS: But I just was guessing. So it would be kind of nice to know what we did.

DR. GUTMANN: Okay. Really, really helpful.

MS. EVANS: Okay.

DR. GUTMANN: Thank you.

MS. EVANS: You're welcome.

DR. GUTMANN: And I think our cleanup batter, to use the -- on this side -- our cleanup batter -- this is baseball we're talking, Roland -- is Sue.

DR. KNIGHT: We don't have fun to spread. You're --

DR. GUTMANN: Just both of you.

DR. KNIGHT: I'll just be very brief. It seems to me this is a bridge too far for this committee. I think that -- it just seems to me that education for ethical deliberation has to involve education in the processes of ethical reasoning. And I think that -- I just think that there are -- while there isn't -- there are not hard data to support this, I think there are theoretical reasons, as well as plausibility considerations that show that if you start this at age 5, then you will have a very different kind of attitude amongst citizens.

DR. GUTMANN: So this comes back -- I just want to underline what you've just said by tying it to a question that Dan Sulmasy asked. What can't you measure? But change -- the question is, what don't you need to measure in order to know you have to do it? Ethical reasoning is a good example of that. And let me tell you why. I'll give you the reasons why that's true.

We know from -- and I'll stick to your model, that -- we know through the history of philosophy that there is every bit as much challenge to learning the rigors of ethical

reasoning as there is to learn the rigors of empirical reasoning. In other words, there are rules. There's logic that applies. There are inferences, and there's deductive and inductive reasoning. There are different ways of reasoning.

So that's what you have to know to know that -- and those kinds of rules and ways of reasoning underpin our daily lives, our professional lives, our political lives, and so on. So in order to argue the point you've just made, you don't need to call for a study about the results of teaching ethical reasoning. All you need to know is what ethical reasoning is and how it's embedded historically, sociologically, politically, and intellectually in our -- the history of human kind. And it's often -- I say this with passion, and I think reason behind it.

Because if you don't -- and this goes back to something Lisa said. If you don't begin it early, it unintentionally but inevitably -- and this is measurable -- creates a skepticism even among educated people that ethical reasoning is a discipline. Because they've never been taught it.

And so how can you succeed and graduate high school and be certified as a high school graduate, let alone graduate college and be certified as a college graduate, and never have been taught ethical reasoning, and still think that that's -- ethical reasoning is a -- has discipline to it?

So I think it is important for us to say in this report that learning ethical reasoning is as essential to being an educated person as learning any other kind of reasoning. And so thank you for pointing that out, and I think you -- this is a case where a lot of your comments feed into a stream.

So we've gotten something from each of you, and you can tell it's been very helpful to us, and I want to open it up for any commission members or any of our presenters to ask

any questions or make any other comments that you want to make. We have 15 minutes and we don't have to take it all, but I would be happy to take it all, if people have things they want to say.

And I just saw Anita. Anita Allen, you begin.

DR. ALLEN: I'm a little reluctant to ask this question, but I'm going to anyway. And it was prompted, Lisa, by something that you said about starting early. And we've heard this from others, I guess, starting early. Because if you start early, then children might actually get that capacity to think for themselves, that you were talking about, as well. But that's a very risky, dangerous, painful skill to have if you're a child. Because children who think for themselves need parents who value children who think for themselves.

Or there's a lot of smacking around that happens, in some communities. So I'm really worried about that. Maybe more than I should be. But given how I was raised, that's a real problem. So how do we accomplish what you want to happen on the schedules you want it to happen without putting children at risk?

MS. EVANS: I took your place, Sue.

DR. KNIGHT: No, no. Go ahead.

MS. EVANS: My ears just perked up when you said children who think for themselves. I have four of them. And they start off early. I mean, they're built that way. And so, as a mother, I just respected them for the individual person they were, are, and enjoy them. And love them, and help them know right from wrong and all of that.

So that's ethics. Right from wrong. So it starts in the home. Patience. Lots of prayer.

DR. KNIGHT: Another point, I think, is that children are pretty good at recognizing that they can act in different ways in different situations. So don't do this at grandma's, or

we're not at grandma's. And I think one example of what you're saying actually came from a child -- I was sitting in, watching this class. And it was to do with -- they just had a session on -- a health session or something before this philosophy class.

And it was on smoking. It was, I think, about a year 3, year 4 class. And this girl came up to me afterwards and said, "We've just had this thing on smoking, but mom and dad both smoke. And I'm really scared that they're going to die." And I mean, that's something that already occurs in schools. I mean, there's a disconnect between stuff at school they're learning and what's going on at home, and their own worries.

I mean, I think it's a very good question. And I don't know, I guess some of the stuff we need to make sure about is that we help kids manage those sort of sensitivities. And so the child can say, I've -- I don't know. I really don't know the answer to that. But I think it's a very good question, but I'm not sure -- I don't think it just applies to ethical things, or -- it also applies to a whole lot of stuff that they're learning at school.

DR. DANIS: I think your question is extremely important, and I think it means that children cannot be taught in isolation. A lot of their learning is happening at home. And I think that, of course, if they go to the grocery store and have a curiosity about looking at things on the grocery shelf, and their mother smacks them when they try to make choices, instead of saying, well, you can have one thing. If you're going to take one, you've got to put the other back.

And it seems to me it implies that the teaching has to start at the preschool level, with parents participating in the -- in learning how to have that dialogue with their kids. And there's often a disparity in the readiness of families to do this. And we have to consider this one of the other disparities we have to address in how we get our kids participating.

DR. GUTMANN: Yeah. So I've turned into a sociologist here. There once was a time

when maybe you could shield children from thinking -- from having access to things that encourage them to think for themselves. Whether good or bad thinking. But with the web and everything that kids have access to, even if not in the home, it's impossible, which makes what you said about bringing parents in all the more important. Because parents just don't have the power today, which they once did have much more of.

But -- you have to go back quite a ways, but they don't have the power today to keep their kids from having access to different ways of thinking and different kinds of knowledge that -- some of which is genuinely dangerous, and others of which might be thought to be dangerous. I have Dan on the list?

DR. SULMASY: I wanted to ask a question that's come up, I guess, tangentially, but we really haven't addressed directly. And I guess I'm disappointed that Dennis Thompson isn't here to help with it, but it concerns the role of religion in public deliberation about bioethical issues. We've tended, in this country, to sort of be very influenced by John Rawls, and sort of public reasons approach to this, that the only reasons that are admissible in the discussion are those that are comprehensible to all, accessible to all, and potentially persuasive to all.

But there's been criticism of this, and one particular critic is Jurgen Habermas, who suggests that this in some ways produces a disproportionate burden on the person who is religious, who has to always do the job of translating their ideas from -- into a way that will be publicly accessible, and sort of has a condition of alienating themselves from their deepest convictions as a condition for participation in discussion.

So I wonder, in your vast experience, from different aspects of public deliberation, how you think religious viewpoints are best brought into public deliberation about bioethical issues?



DR. GUTMANN: Robert?

DR. LADENSON: I think John Stuart Mill made an important point in this connection, which was that there was a way of thinking about moral reasoning which is -- Amy Gutmann said is systematic, and it has its complexities, but it's universal. And universal means that it's a part of every religion, also. And I think it's maybe important to remind people who come at questions from the religious standpoint to maybe -- to understand the religion and point them to the resources within it that coordinate with our common human morality.

DR. GUTMANN: So let me address that from something that Dennis and I have both written about, and we take -- as much as I greatly admire and was a student, in part, of John Rawls, I -- we disagree with Rawls on precisely this issue, and agree more with -- not just Habermas, but people who see the value of including this commission, the value of bringing religious ideas into the public forum.

Nobody, by the way, argues that there should be a restriction on the freedom of speech, and Dan wasn't suggesting otherwise, that Rawls would be a huge defender of the freedom of speech of everybody in the public realm. But here is -- I'll begin with a personal comment. My earliest ethical education was religious education. And it was religious education that was geared towards not only being a member of a religious community, but it was geared towards the common good.

And so I got involved in civil rights because of religious education. The belief that every human being has a dignity about it. There are different ways you can express that, as I just did, in a way that resonates with a lot of religious traditions. But it was just expressed secularly, as I did. But every person is a child of God is a religious way of expressing the same thing.

Why is that important, and not just an anecdote? It's important because there are many aspects of every religious tradition that are relevant to public discussion about bioethics. So -- and I think it's important to recognize that.

It's also important that we all have to draw lines as to when one's religious beliefs are not appropriate to act upon in the public realm. So I gave the example earlier, I think.

Anita, you brought it up, of the clerk in Kentucky who, I think, was -- said she was acting on her religious beliefs, and articulated the religious beliefs.

And it is -- here's where I think ethical reasoning helps, right? There's a distinction between acting on your religious beliefs as a private person and acting on your religious beliefs if you hold a public office. And the rules of the public office, which are legal, constitutional require you to act otherwise. It's as if -- and I think it's important for us to -- the example -- if someone enlists as a soldier in the US Army and is recruited to fight a war, and says, I am a pacifist, I can't do this out of religious conviction, then that person has to leave the Army.

We should respect that person's wanting to act on his convictions, but we can't say that's fine, you can remain in the Army and not fight this war because that's your religious belief. And there's an exact parallel to that. So Dan, I think, wants to make sure -- and I agree with him entirely, right? That we not subscribe to the view that any religious belief, because -- qua religious belief -- is inadmissible in an argument about public policy.

But there are some religious beliefs, because they don't respect the rights of others, that can't be acted upon if you're acting as a public person in a democracy -- in a constitutional democracy. Does that -- I think it's important, because we haven't talked about this as a commission lately.

DR. SULMASY: Yeah. No, I think it's important to distinguish the point I was making about the role of religion in public discourse about particular bioethical issues.

And what somebody does when they're an elected official is quite another matter. So the question on the table is, how to best incorporate religious viewpoints into these kinds of discussions. And whether a person can say, for instance, at a public meeting, because I am subscribed to such and such a religion, I believe that all persons are children of God, and therefore I have this viewpoint which I call dignity, which I think all persons of reason and goodwill would also share.

And therefore, I come to this conclusion, let's say, about something. That that voice is not a priori excluded from the discussion in the robustness of its own deep, religious conviction as the motivation for making it. And that's the central point I wanted to hope that we would come to agreement on.

DR. GUTMANN: I would take it one step further, if you will, and say that ought to be welcome and celebrated, and the history of our country, including the abolitionist movement, was populated by people who were motivated religiously to fight for the dignity and freedom of every human being. That isn't to say that people aren't motivated religiously by things that we wouldn't celebrate. But that's true of secular people as well.

DR. DANIS: You know, I really appreciate your raising this question, Dan. I think that in many ways, when you think about the most pressing conflict we are facing worldwide right now, it's about the tensions we have from different religions fighting each other desperately.

And why don't we use what we've learned about deliberation to have dialogues in our community? It does -- it's not necessarily about the public role that the person in the county clerk's office has to deal with, but we are struggling with this in communities

where we have migration of people of different religions moving into traditionally very democratic, liberal states.

We should encourage the use of the kind of techniques we're talking about and educating people about to tackle this problem. And it's not about convincing each other about our religious beliefs, but how are we going to live with each other when we don't share each other's beliefs?

DR. GUTMANN: So I'm reminded now of John's admonition to focus. But I -- it's a very -- but no, it's a very -- I -- the point that you're making, which I think we would heartily agree with, is what we are arguing for has much broader implications. Much broader implications. And that's altogether for the good. That's -- yeah, really good. Any other final comments? Questions? It -- yes, Lisa?

DR. LEE: I just wanted to take a second to respond to your question, Anita, about the danger of a freethinking child.

DR. GUTMANN: Anita is reflecting on herself, by the way.

DR. LEE: Apparently. Right, right. Assuming we all agree to a child's right to an open future, I think -- and given the cultural milieu in which we live, that information and other ways of seeing things, other than the way our parents see them, is inevitable, I dare to say, though I don't have data, that children already learn very early a very effective set of skills to shield their parents from their freethinking.

We all did that. I'm sure kids continue to do that, and I do think that it's important to acknowledge that there may be some tension there. But to think that kids don't already learn very early those skills, I think it is underselling their capacity.

How to do that around these moral questions, certainly, are -- I think, as others spoke about, certainly being open to including parents and families in these things would be

incredible. But I really want to say that I think kids do already get a very good lesson in that.

DR. GUTMANN: So I am going to wrap this up by a quote from Benjamin Franklin that ties education and deliberation, and of course -- he is, I confess, the founder of the University of Pennsylvania. But nonetheless, this is -- it is appropriate far beyond -- far beyond our university. I just think what a number of studies have shown and a number of you have emphasized is wrapped up in this just simple quote. And it ties education and deliberation together, which goes, "Tell me and I forget. Teach me and I may remember. Involve me and I learn."

And the involvement is -- deliberation is an experience. People are involved in it. And it is a great learning experience. Teaching is important, but it often isn't short of involving. Especially children, but also now we find that in adults, it often isn't sufficient. And the only other thing I would add to that -- Seth, you should be pleased.

But we all -- we've emphasized this and we have to continue to not only emphasize it, but practice it -- is Benjamin Franklin was a great communicator. He was America's first diplomat, scientist, he really -- ethicist -- but boy, did he know how to communicate. And we should -- if we could do as well as a commission, we would be doing mighty well. So on that, I'm going to close by thanking all of you.

Hold your -- I want to thank the group of you in a moment, but I first want to reiterate that we invite everyone -- speakers, people in the audience, those of you watching on the webcast -- write us with any comments.

You can submit your comments on our website. [Bioethics.gov](http://Bioethics.gov). Really simple.

And thank you all so very, very much. Our 22nd meeting is adjourned.